

6/9/2023 9:13 AM

23CV21028

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IN THE CIRCUIT COURT OF THE STATE OF OREGON

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FOR THE COUNTY OF MULTNOMAH

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METRO WEST AMBULANCE  
SERVICE, INC., an Oregon corporation,

) Case No. 23CV21028

9

Plaintiff,

)

)

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)

**DECLARATION OF SERVICE**

11

v.

)

)

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ENDURANCE AMERICAN  
INSURANCE COMPANY, a Delaware  
corporation,

)

)

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)

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Defendant.

)

)

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)

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I, Paul A. Mockford, declare as follows:

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1. I am an attorney for Plaintiff, Metro West Ambulance Service, Inc., in the

18

above-entitled matter.

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2. I am over the age of 18 and not a party to this action.

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3. On May 25, 2023, my office deposited with the United States Postal Service true

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copies of the Summons and Complaint, via Certified U.S. Mail, Return Receipt Requested and

22

via First Class U.S. Mail, addressed to Endurance American Insurance Company's registered

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agent for service of process, CT Corporation System, 780 Commercial Street SE, Suite 100,

24

Salem, Oregon 97301. Attached as Exhibit 1 is a true and correct copy of the corresponding

25

Certified U.S. Mail return receipt, indicating receipt of the documents on May 30, 2023.

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PAGE 1 – DECLARATION OF SERVICE

PARSONS FARNELL & GREIN, LLP  
Attorneys at Law  
1030 SW Morrison Street  
Portland, Oregon 97205  
TELEPHONE (503) 222-1812 FAX: (503) 274-7979

**EXHIBIT B TO DAZER DECLARATION****Page 1 of 6**

3           **I hereby declare that the above statements are true to the best of my knowledge**  
4           **and belief, and that I understand it is made for use as evidence in court and is subject to**  
5           **penalty for perjury.**

6 DATED: June 9, 2023.

7 PARSONS FARNELL & GREIN, LLP

9 By: s/ Paul A. Mockford  
10 Paul A. Mockford, OSB No. 105729  
11 Email: pmockford@pfglaw.com  
12 Telephone: (503) 222-1812  
Facsimile: (503) 274-7979  
*Of Attorneys for Plaintiff*

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| <input type="checkbox"/> Return Receipt (electronic)          | \$      |
| <input type="checkbox"/> Certified Mail Restricted Delivery   | \$      |
| <input type="checkbox"/> Adult Signature Required             | \$      |
| <input type="checkbox"/> Adult Signature Restricted Delivery  | \$      |

Postage  
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Total Postage and Fees  
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 CT Corporation System (Endurance)

Street and Apt. No., or PO Box No.  
 380 Commercial St. SE, Ste. 100

City, State, ZIP+4®  
 Salem, OR 97301


PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

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  - For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
    - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, Domestic Return Receipt; attach PS Form 3811 to your mailpiece; for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
    - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
    - Adult signature service, which requires the signer to be at least 21 years of age (not available at retail).
    - Adult signature restricted delivery service, which requires the signer to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
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|--|--|--|---|--|---|---|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>ENDURANCE AMERICAN INSURANCE COMPANY<br/>c/o CT Corporation System, Registered Agent<br/>780 Commercial Street SE, Suite 100<br/>Salem, OR 97301</p> <p><br/>9590 9402 7421 2055 7462 05</p> <p>2. Article Number (Transfer from service label)<br/>7021 1970 0001 8826 7348</p> | <p>A. Signature<br/>X <i>Rylynn Poole</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/><i>Rylynn Poole</i></p> <p>C. Date of Delivery<br/>MAY 30 2023</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery |  | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
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